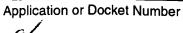
PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999



8485468

			S FILED - Column 1)		SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY					
FC)R		NUMBER FILED			(Column 2) NUMBER EXTRA			RATE	FEE	OR 1 I		
BASIC FEE									HAIE	345.00		RATE OV ITA	FEE MGO.09
	<u> </u>			*		* 1 ~	-	Ž.		343.00	OR	840	ولم والمالة
TOTAL CLAIMS 35 minus 20=						- / \		L	X\$ 9=		OR	X\$18≔	27C
INDEPENDENT CLAIMS / minus 3 = *									X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	260
* If the difference in column 1 is less than zero, enter 0" in column 2									TOTAL		OR	TOTAL	137 (
	С	LAIM	S AS A				-	OTHER	THAN				
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus **			=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=	-	OR	X78=	
	FIRST PRESE	NIAH	ON OF MI	JLTIPLE DE	PEND	ENT CLAIM			+130=		OR	+260=	
								L	TOTAL		י ו	TOTAL	
								ΑĮ	DDIT. FEE		OR ,	ADDIT. FEE	
•			umn 1) -AIMS			Column 2) HIGHEST	(Column 3)	_					
AMENDMENT B		Al	IAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus			=		X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus			=		X39=			X78=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	7	
	•			•				L	+130=		OR	+260=	
								ΑE	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1)			olumn 2)	(Column 3)					٠	
ENT C		REM Al	AIMS IAINING FTER NDMENT		PA	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total			Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	-	X39=		Ì	X78=	
	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DE	PEND	ENT CLAIM		-	V09=		OR	~/ O=	
	If the entering selection	mn 1 ic i	loce than the	o onto in ani		write "O" in a -	hump 2	Ŀ	+130=		OR	+260=	
**	If the entry in colu If the "Highest Nu	mber Pr	eviously Pa	aid For" IN THI	S SPA	CE is less tha	n 20, enter "20."	AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
	If the "Highest Nu The "Highest Nun									ropriate box			

	PAICNIA	•• • —		e Novemb			ON RECUR	טר	٠	09/4	18	546	a l			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR	OTHER SMALL				
FC	PR		NUMBER FILED			NUMBER EXTRA			E	FEE	1 1	RATE	FEE			
ВА	SIC FEE									380.00	OR		760.00			
το	TAL CLAIMS	·	minus 20=			*)=		OR	X\$18=				
IND	EPENDENT CL	AIMS		minus	3 = *			X39	=	; · .	OR	X78=				
MU	MULTIPLE DEPENDENT CLAIM PRESENT)=		OR	+260=				
* If	the difference	ımn 1 is i	ess than ze	TOTA			OR	TOTAL								
	CLAIMS AS AMENDED - PART II									OTHER THAN						
L	(Column 1) (Column 2) (Column 2)							SMA	LL.	ENTITY	OR	SMALL				
ENT A		REM AF	AIMS AINING TER IDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE			
AMENDMENT	Total	* 6	29	Minus	**~2	9	= /	X\$ 9	=		OR	X\$18=	/			
AME	Independent	<u> </u> *	<u>/'</u>	Minus	***	<u>/</u>	= /	X39	=		OR	X78=/				
	FIRST PRESE	NIAIIC	ON OF MU	JUIPLE DEF	PENDEN	CLAIM		+130)= /		OR	+260=				
					•		(TO ADDIT. F	TAY		OR	TOTAL				
L			umn 1)		(Colu		(Column 3)		- (:						
MENDMENT B		REM AF	AIMS AINING TER IDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
NDM	Total	*		Minus	**		=	X\$ 9	=		OR	X\$18=				
AME	Independent	*		Minus	***		=	X39:	=		OR	X78=				
	FIRST PRESE	NIAIIC	ON OF MU	JLIIPLE DEF	PENDEN	CLAIM		+130	=		OR	+260=				
								TO Addit. F	TAL.		OR	TOTAL ADDIT. FEE				
<u></u>	TOTAL VALUE LANGUAGE	umn 1)	II sanawa na sames						•							
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
NDN	Total	*		Minus	**		=	X\$ 9	=		OR	X\$18=				
AME	Independent	*	NOT 14	Minus	***	T OL 4124	=	X39:	=		OR	X78=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									=		OB	+260=				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 11/98)

Application or Docket Number